



Certificate of Eligibility

St. Philip the Apostle Catholic Church
1897 W. Main Street
Lewisville, TX 75067
972-436-9581

WITNESS SPONSOR FOR: _____
(Name of person being confirmed)

SPONSOR INFORMATION

I _____
(please print first and last name, initial each statement, and sign below)

Address: _____

Email Address: _____ Phone Number: _____

_____ I am at least 16 years of age. I am a practicing Catholic and I have received the sacraments of Baptism, First Holy Communion and Confirmation in the Catholic Church.

Name and City/State of parish where I was confirmed:

Confirmation Date: _____

_____ I participate in the Mass on Sundays and Holy Days and receive the Sacraments of Eucharist and Reconciliation regularly.

_____ If married I am validly married according to the laws of the Catholic Church.

_____ I actively strive to live out my commitment to Christ and to the community life of the Church by my loving response to those with whom I come in contact.

_____ I realize that I assume great responsibility before God and the Church in becoming a sponsor and will faithfully fulfill the obligations connected with it. I will give support to the person I am sponsoring by my prayers and by the Christian example of my daily life.

By my signature I attest to the truth of these statements

Sponsor Signature

MUST BE COMPLETED AND STAMPED WITH SEAL BY THE SPONSOR'S CURRENT PARISH

Priest Signature _____
(must be signed by a Roman Catholic Priest at your current parish)

CHURCH
NAME _____

Address _____

Phone # _____

DATE _____

